EVENT CAPTURE COOKBOOK

A Supplemental Guide to the
Event Capture Version 2.0
User Manual

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Introduction

This cookbook provides the information necessary to set up Version 2.0 of the Event Capture System (ECS) from both the VistA and DSS perspectives. It should be used in conjunction with the VistA Event Capture V. 2.0 User Manual.

We gratefully acknowledge the support and participation of everyone who attended the conference calls and/or provided input and feedback during the development of this cookbook.

Event Capture - the VistA Perspective

Recipe for Setting up Event Capture in VistA

Set up Event Capture by following these steps *in the order listed*:

1. *Set up Event Capture Locations*
   a) Use the *Location - Update Location Information* option.

   b) Select the entry in the INSTITUTION file (#4) for your site.

   c) If you are a multidivisional site, and expect to have Event Capture workload at more than one division, you will need to add each as an active location.

   d) If you need to remove a location, use this option and select the location to remove. ***Extreme caution is advised when using this option. Removing access for locations and inactivating Event Code Screens for locations is not recommended.***

2. *Set up DSS Units for each service that has been targeted to use Event Capture*
   a) Contact each service to determine:
      (1) Individual product tracking needs for each service
      (2) Which DSS Units are appropriate for each service
      (3) Which users will be entering data for Event Capture

   b) Use the *DSS Unit – Add or Update DSS Units* option to set up DSS Units for each service targeted for Event Capture.

   c) For each DSS Unit, enter the following information:
      (1) Name of the DSS Unit (free-text)
      (2) Service associated with this DSS Unit (from the SERVICE/SECTION file [#49]) (pointer)
      (3) Cost Center associated with this DSS Unit (from the COST CENTER file [#420.1]) (pointer)
      (4) Medical Specialty associated with this DSS Unit (from the MEDICAL SPECIALTY file [#723]) (pointer)
      (5) Unit Number identified locally at your site (free text). *Please Note: The Unit number will be considered the DCM Department and will be found in the ALBCC Spreadsheet for DCM Departments.*

(6) Data Entry Date/Time (Default date and time for all data entry within this DSS Unit). *Please Note: Date **and** Time are required for data entry.*

(7) Send to PCE (Indicator if data is going to be sent to PCE [Patient Care Encounter] for this DSS Unit). See "Data Process Flow for Data Flagged 'Send to PCE'" for implications. Choose from:
A - Send all data
O - Send outpatient data only
N - Send no data to PCE
Please note: Null response to this prompt is interpreted by the software to be the same as N - Send no data to PCE.

(8) Associated Stop Code (DSS Identifier [Stop code] that most closely defines the DSS Unit) You will only be prompted for the Associated Stop Code if the DSS Unit is flagged to ***not*** send data to PCE.

3. Assign Access to the DSS Unit

a) Use the *Access by User – Grant Access to DSS Units by User* option to assign user access to the DSS Units. *Please Note: You should assign the ECALLU security key, which provides access to all DSS Units, to your **ECS ADPAC** (Application Coordinator) only.*

4. Set up Local Categories

a) Use the *Category – Add or Update Categories* option to set up local categories for each DSS Unit. Categories are used to group procedures. They might help in the local VistA ECS reports, but are not included in the feeder keys created for the ECS procedures sent to DSS. It is a good idea to use the *Category Report* option to review the local categories for your site. Categories can also be used for grouping things other than procedures. For example, you might want to group wards by categories.

5. *Enter Local Procedures*
   Event Capture was released with the EC NATIONAL PROCEDURE file (#725) which contains a set of nationally defined procedures that are applicable to all sites.

   a) Use the *Procedure – Add or Update Local Procedures* option to enter local procedures specific to your site's needs into the EC NATIONAL PROCEDURE file (#725). If the procedure is not on the National Procedures List, you can use your local procedure number as an interim measure, but you should request a new IP number from the Bedford Technical Services Office (BTSO). *Please Note: Each local procedure must have an associated CPT code if you are sending data to PCE. Select the CPT code that most closely describes the local procedure, even if general in nature. Local procedures are stored in the EC NATIONAL PROCEDURE file (#725) with internal entry numbers of 90,000+.*

   b) Use the *National/Local Procedure Report* option to print a list of national and local procedures. This is recommended to ensure that local procedures have been assigned the appropriate CPT code. The list can be used as a reference during data entry.

6. *Create Event Code Screens*
   a) Use the *Event Code Screen – Add or Update Event Code Screens* option to associate the location, DSS Unit, procedure reason (if used), and category (if used) with a procedure. This relationship is called an Event Code Screen. *Please note: The procedure you select will be either a CPT code or an entry from the EC NATIONAL PROCEDURE file (#725). You must repeat this process for each procedure under each DSS Unit. Adding procedure reasons to the Event Code Screen allows users to associate a procedure reason with a patient's procedure during data entry.*

   b) Enter or edit a local synonym, default volume, or associated clinic for each Event Code Screen. (If default volume is not set to 1, this can be useful for group data.)

   c) If the DSS Unit is flagged to pass data to PCE, you must enter an associated clinic. The DSS Event Capture Extract obtains the DSS Identifier (Stop Code) information from the Associated Clinic for each Event Code Screen under that DSS Unit.

   d) If the DSS Unit is flagged NOT to send date to PCE, you must enter an associated stop code. The DSS Event Capture Extract obtains the DSS Identifier from the Associated Stop Code for each Event Code Screen under that DSS Unit. Please Note: This functionality will be released with DSS Extracts Version 3.0.

   e) Use the *Print Category and Procedure Summary (Report)* option to generate a listing of your categories and procedures to ensure that the Event Code Screens are set up properly.

7. *Enter Data*
   a) Use the following Event Capture Data Entry options to begin entering data:
      (1) *Data Entry by Patient – Enter/Edit Patient Procedure(s)*: Use this option to enter one or more procedures for one patient.
      (2) *Data Entry by Procedure – Batch (Same Procedure, Multiple Patients)*: Use this option to enter the same procedure for several patients.
      (3) *Multiple Dates/Procs – Multiple Dates/Multiple Procedures*: Use this option to enter multiple dates and multiple procedures for one or more patients. (Dates and procedures must be exactly the same for all patients.)

      Please remember that Event Capture is a workload utility. Sites still need to make sure the procedures are documented in the medical record.

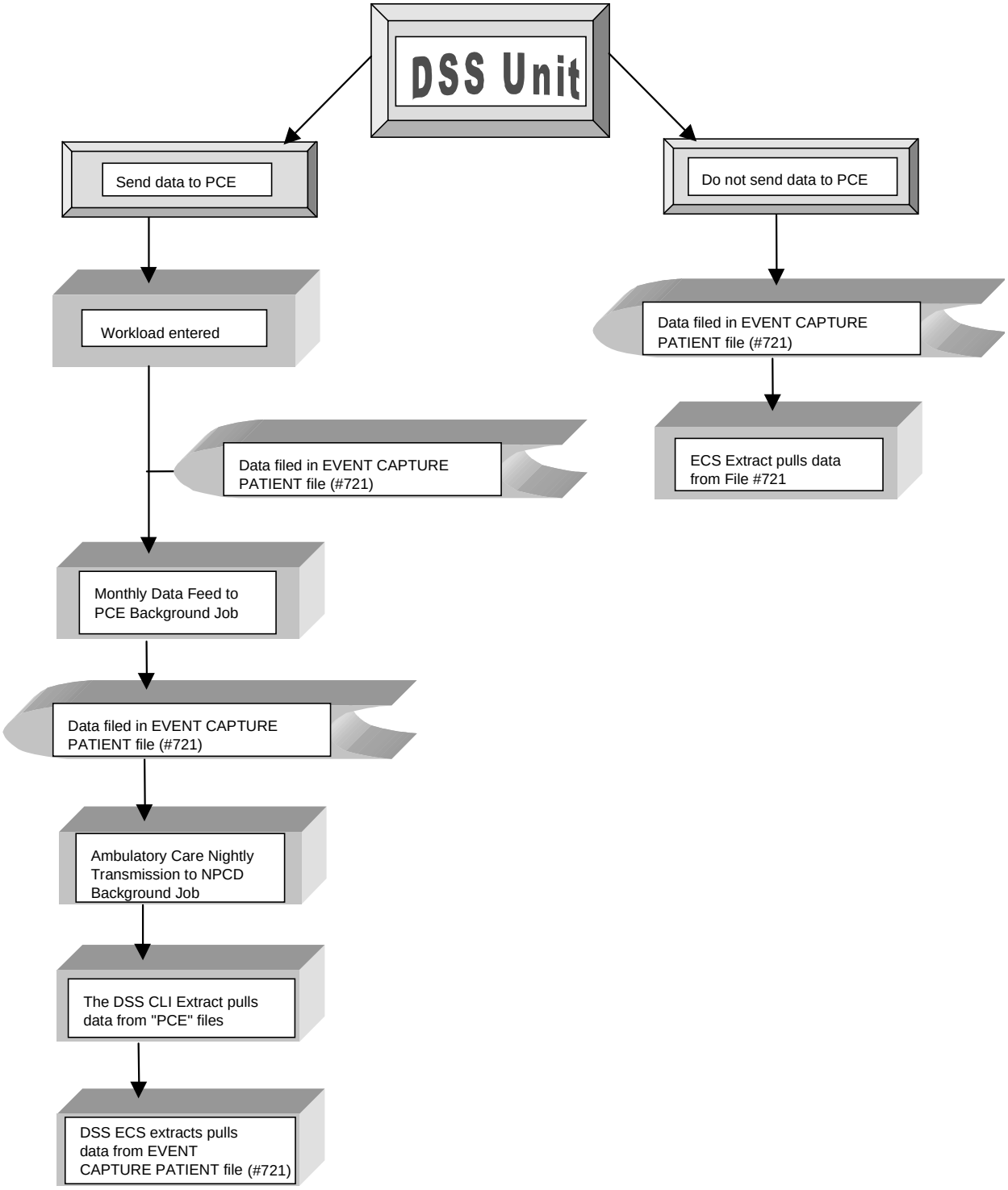
   b) Use the Event Capture Reports options to generate summary reports of entered data.

Data Process Flow for Data Flagged "Send to PCE"

The following outlines the data process flow if the DSS Unit has been set up to send data to PCE.

1. Data is entered into Event Capture via the data entry options.
2. The Event Capture filer triggers an immediate data transfer to PCE in the background using TaskMan.
3. The *Ambulatory Care Nightly Transmission to NPCD* background job sends the data to the National Patient Care Database (NPCD).

Event Capture Data Flow Diagram



General Information about Scheduling and PCE

Scheduling

Scheduling is a VistA software module of the PIMS package that provides the tools to manage the scheduling and reporting of patients. It allows users to schedule future appointments for patients and provides the tools to check out those appointments. Before workload can be transmitted to the National Patient Care Database (NPCD) at the Austin Information Technology Center (AITC), it must be checked out. Note that the requirement for checkout does not apply to patients scheduled in a non-count clinic. Scheduling also provides the ability to generate appointment letters and appointment lists and provides a variety of management reports.

PCE

Patient Care Encounter (PCE) is a VistA software package that helps sites collect, manage, and display outpatient encounter data, including providers, procedures, and diagnostic codes. Encounter data entered via PCE is required to be checked out, the same as for Scheduling. PCE also provides the ability to enter historical data and track such things as immunizations, skin tests, and health factors.

Data entered in Event Capture can be flagged to send to PCE. This means that the data will be filed in the same files as workload entered via PCE and Scheduling. If the workload (regardless of the source) meets the criteria for transmission, it will be transmitted to the NPCD. Outpatient, as well as inpatient, workload is filed in the same files. Outpatient workload is transmitted to NPCD; inpatient is not.

It should be noted that workload to PCE comes from several areas: Lab, Radiology, and Surgery for example. While it is true that workload is passed to PCE, in reality it is stored in files maintained by the PCE and Scheduling software applications.

How to Obtain ICD-9 Codes

User responses in the following scenarios are shown as **bold and underlined**. Comments that provide helpful information are shown as ***bold italics***. The symbol **<RET>** indicates that the user should press the RETURN or ENTER key.

Scenario 1 - Using your Local Menu Options

Use the *Ad Hoc Health Summary* submenu of the *Health Summary Menu* to access patient-specific ICD-9 codes. If you find a patient with no record of either admissions or outpatient care, you should consult with the clinical staff to determine a usable diagnosis.

```
Select Core Applications Option: HEALTH SUMMARY Menu


   1      Patient Health Summary
   2      Ad Hoc Health Summary
   3      Range of Dates Patient Health Summary
   4      Visit Patient Health Summary
   5      Hospital Location Health Summary
   6      Information Menu ...

Select Health Summary Menu Option: 2  Ad Hoc Health Summary

CD    Advance Directive   EM    Electron Microscopy ED    Education
BADR  Brief Adv React/All MIC   LAB MICROBIOLOGY    EDL   Education Latest
ADR   Adv React/Allerg    BMIC  LAB MICROBIOLOGY BR IM    Immunizations
BB    BLOOD BANK          LO    Lab Orders          OE    Outpatient Encounter
BDM   BRIEF DEMOGRAPHICS  BLO   LAB ORDERS BRIEF    RXIV  PHARMACY INTRAVENOU
BDC   BRIEF DISCHARGES    SP    Surgical Pathology  RXOP  PHARMACY OUTPATIENT
BLO   BRIEF LAB ORDERS    SLT   LAB TESTS SELECTED  RXUD  PHARMACY UNIT DOSE
MICRO BRIEF MICROBIOLOGY  ADC   Admission/Discharge PLA   Active Problems
BS    BRIEF SURGERY       ADT   MAS ADT HISTORY     PLL   All Problems
LAB   CHEMISTRY & HEMATOL EADT  ADT History Expanded PLI   Inactive Problems
CR    Reminders Due       CVF   MAS CLINIC VISITS F PN    PROGRESS NOTES
CM    Reminder Maintenance CVP  MAS CLINIC VISITS P BPN   PROGRESS NOTES BRIE
CRS   Reminders Summary   DEM   MAS DEMOG           SPN   Selected Prog Notes
CW    CLINICAL WARNINGS   BDEM  MAS DEMOGRAPHICS BR RI    RADIOLOGY IMPRESSIO
CP    Comp. & Pen. Exams  DS    MAS DISABILITIES    SRI   Sel Rad Impression
CN    CRISIS NOTES        DD    Discharge Diagnosis RP    Imaging Profile
DEM   DEMOGRAPHIC DATA    DC    Discharges          RS    Imaging Status
DCS   Discharge Summary   PRC   MAS PROCEDURES ICD  LRST  SELECTED LAB TESTS
BDS   Brief Disch Summary OPC   MAS SURGERIES ICD C SW    Social Work
IV    INTRAVENOUS PHARMAC TR    Transfers           SCD   Spinal Cord Dysfunct
BA    LAB BLOOD AVAILABIL TS    Treating Specialty  SR    Surgery Reports

Press RETURN to continue or '^' to exit: <RET>
```

```
BT    LAB BLOOD TRANSFUSI MEDA  Med Abnormal        BSR   SURGERY REPORTS BRI
CH    Chem & Hematology   MEDB  Med Brief Report    TOM   TOM
SCLU  LABS                MEDC  Med Full Captioned  UD    UNIT DOSE PHARMACY
SCL1  LAB CUMULATIVE SELE MEDF  Med Full Report     VS    Vital Signs
SCL2  LAB CUMULATIVE SELE MED   MEDICINE SUMMARY    SVS   VITAL SIGNS SELECTE
SCL3  LAB CUMULATIVE SELE MHPE  MH Physical Exam    ZAL   ZALLERGIES
SCL4  LAB CUMULATIVE SELE MI    MICROBIOLOGY              ZZ MAS ADMISSIONS/D
CY    Cytopathology       ORX   OUTPATIENT PHARMACY
```

Select NEW set of COMPONENT(S): **DD** Discharge Diagnosis ***Enter OD for Outpatient Diagnoses or DD for Inpatient Diagnoses. In most cases, if you are an inpatient worker, and you cannot fine the code you need under DD, you will probably find it under OD.***

Default Limits and Selection Items

	Component	Occ Limit	Time Limit	Hosp Loc	ICD Text	Prov Narr	Selection Item(s)
DD	Discharge Diagnosis	10	1Y				

Select COMPONENT(S) to EDIT or other COMPONENT(S) to ADD: **DD** ***You MUST enter your choice AGAIN. This step is critical to success.***

Discharge Diagnosis

Discharge Diagnosis
OCCURRENCE LIMIT: 10// **2** ***Enter the number of occurrences you want to see. For example, if 5 is entered, the software will only present the five most recent occurrences. If no limit is entered, the software will report as many occurrences as may be found within the specified time interval. You will probably only need to see the last 1 or 2.***
TIME LIMIT: 1Y// **6Y** ***This is a code describing how far back you want to search for the selected patient's data. It will be a number, followed by the letter D for days, W for weeks, M for months, or Y for years (e.g., 30D would indicate that the past 30 days' patient data should be included in the output).***
HEADER NAME: **<RET>**

Select COMPONENT(S) to EDIT or other COMPONENT(S) to ADD: **<RET>**

Would you like to see Component Limits and Selection Items again? (Y/N): NO// **<RET>**

Select Patient: **E9789** ECPATIENT,ONE 12-23-54 666999789 NO
ALLIED VETERAN ***Enter the first initial of the last name followed by the last 4 numbers of the SSN of the patient.***

Another patient(s) can be selected.

Select Patient: **<RET>** ***This prompt will repeat, allowing you to enter multiple patients, until you press the RETURN or ENTER key.***

DEVICE: HOME// **<RET>** UCX/TELNET

```
                                                                  02/13/98 09:51
*********************  CONFIDENTIAL AD HOC SUMMARY  *************************

ECPATIENT,ONE    666-99-9789                                   DOB: 12/23/54

----------- DD - Discharge Diagnosis (max 2 occurrences or 1 year) -----------

11/09/97 - 11/23/97                                      LOS: 14
No discharge diagnosis available for this admission.

11/11/97 - 11/15/97                                      LOS: 4
No discharge diagnosis available for this admission.




* END *
Press <RET> to continue, ^ to exit, or select component:
```

Entering a <RET> or ^ returns you to the "Select Patient:" prompt.

```
Select Patient:
```

Entering an ^ returns you to the menu. Pressing the return or enter key returns you to the list of components.

Scenario 2 - Using the ICD Code Inquiry Option

Use the *ICD Code Inquiry* option to display the description for a selected diagnosis or operation/procedure code and to determine if the specified code is inactive. You will first be asked to choose between diagnosis code or operation/procedure code. You will then be asked to enter the desired code. User responses in this scenario are shown in **bold** type.

```
Select Menu Option:  ICD Code Inquiry

     Select one of the following:

          1         ICD DIAGNOSIS CODE
          2         ICD OPERATION/PROCEDURE CODE

Enter response: 1  ICD DIAGNOSIS CODE


Select ICD DIAGNOSIS: 305.10   305.10        TOBACCO USE DISORDER UNSPECIFI

         ...OK? Yes// <RET>  (Yes)

305.10         TOBACCO USE DISORDER UNSPECIFI
TOBACCO USE DISORDER UNSPECIFIED
   **CODE INACTIVE AS OF   OCT 01, 1994 **
```

Reports to Use for Data Validation

Use the following reports to validate data that has been entered into Event Capture.

To gain access to the Scheduling reports outlined in this section, it is suggested that you work with the MAS ADPAC at your site.

This section provides examples of several reports that can be used for data validation. With the exception of the PCE Data Summary report, you are likely to find workload *not* entered via Event Capture. As you review these reports, keep in mind the following information specific to these examples:

1. Workload was entered for six patients using the data entry options in Event Capture.
2. The DSS Unit is flagged to send to PCE.
3. The "Appointment Status Update" background job was generated.
4. Pertinent information for each patient:
   a) These patients are outpatients and all required information was entered: ECPATIENT,ONE; ECPATIENT,TWO; ECPATIENT,THREE; ECPATIENT,FOUR.
   b) ECPATIENT,FIVE was flagged as an inpatient in Event Capture, but really is an outpatient.
   c) ECPATIENT,SIX is an outpatient; all required information except SC was answered.

Event Capture Reports

PCE Data Summary Report

This Event Capture report is on the Event Capture Reports menu. It can only be generated for one patient at a time. It lists the following key information, sorted by patient, which has been sent to the PCE software:

- Date and time of the procedure
- Procedure name listed in PCE
- Volume of procedures sent
- CPT and ICD-9 codes
- CPT Modifiers
- Associated clinic
- DSS ID (formerly Stop Code)
- Provider of care

```
                          ECS/PCE PATIENT SUMMARY FOR ECPATIENT,FIFTY
                               FROM Sep 20, 1999   TO Nov 19, 1999

PROCEDURE DATE/TIME      PROCEDURE NAME SENT (VOLUME)              CPT CODE (DIAGNOSIS)
                                                                   PROCEDURE (CPT) MODIFIER
LOCATION                 CLINIC (DSS ID)                           PROVIDER
-------------------------------------------------------------------------------------------

Oct 13, 1999@16:09       SW001  CASE MANAGEMENT, 15 MIN (1)       99499 (103.2)
                                                                      - 21 PROLONGED EVALUATION
                                                                      - 32 MANDATED SERVICES
LOMA LINDA VAMC          HBPC (175)                                ECPROVIDER,ONE

Oct 13, 1999@16:09       90889 PREPARATION OF REPORT (1)           90889 (104.0)
                                                                       - 22 UNUSUAL PROCEDURAL SE
LOMA LINDA VAMC          MEDICATION REFILL CLINIC/MOD 4 (160)      ECPROVIDER,TWO
```

PIMS Reports

Management Report for Ambulatory Procedures

This report is on the *Scheduling Outputs* menu. It provides information on CPT procedures that have been captured through the CPT coding of outpatient visits. For use with Event Capture, you should run this report by clinic, and select the clinic(s) that you have associated with Event Capture patient procedures. Data for this report will not be generated until the *Appointment Status Update* option has run. The output is sorted by CPT code and provides the following patient information:

- Name
- Social Security Number
- Age
- Veteran/Nonveteran status
- Sex
- Date/Time of procedure (Note that the time of procedure will always be 0800)
- Totals for each CPT code

In this example, four of the six patients appear on the report. Patients ECPATIENT,FIVE and ECPATIENT,SIX do not appear because of the missing information noted above.

```
AMBULATORY PROCEDURE MANAGEMENT REPORTS

DATE RANGE: 01/01/98-01/04/98                      DATE PRINTED: 01/21/98@10:24
CLINIC NAME:    PLWNEW                                              PAGE:   1

                         SUMMARY OF PROCEDURES PERFORMED
------------------------------------------------------------------------------

90843   INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH  CONTINUING MEDIC
        ECPATIENT,TWO        000456789  AGE:  48  VETERAN  M  JAN  3,1998@08:00
        ECPATIENT,THREE      666456789  AGE:  48  VETERAN  M  JAN  4,1998@08:00
        ECPATIENT,FOUR       000123789  AGE:  27  VETERAN  M  JAN  4,1998@08:00
        ECPATIENT,ONE        666999789  AGE:  47  VETERAN  M  JAN  1,1998@08:00
```

Provider/Diagnosis Report

This report is on the *Scheduling Outputs* menu. It sorts by Division and Outpatient Encounter Date. It also lets the user select two additional sort levels from the following:

- Provider
- Diagnosis
- Patient
- Clinic
- Stop Code

The output includes:

- Patient's name and last four of the SSN
- Encounter date and time
- Clinic name and stop code
- Provider(s)
- Diagnostic codes (ICD-9)

In this example, four of the six patients appear on the report. Patients, ECPATIENT,FIVE and ECPATIENT,SIX do not appear because of the missing information noted above.

```
Provider/Diagnosis Encounter Report sorted by Patient and Provider
Report Date: JAN 21, 1998     Page: 1
Inclusion Dates: Jan 01, 1998 to Jan 04, 1998
Division: TROY

PATIENT                    ENCOUNTER DATE         CLINIC/STOP CODE   PROVIDER            DX CODE
-------------------        ------------------     ----------------   --------            -------
ECPATIENT,TWO 6789         Jan 03, 1998@08:00     PLWNEW             ECPROVIDER,ONE      401.9
                                                        301/GENERAL INTERNAL MEDICINE
1 Primary Provider entries for ECPROVIDER,TWO


ECPATIENT,THREE 6789       Jan 04, 1998@09:30     PLWNEW             ECPROVIDER,ONE      401.9
                                                        301/GENERAL INTERNAL MEDICINE
1 Primary Provider entries for ECPROVIDER,THREE


ECPATIENT,FOUR 3789        Jan 04, 1998@09:30     PLWNEW             ECPROVIDER,ONE       401.9
                                                        301/GENERAL INTERNAL MEDICINE
1 Primary Provider entries for ECPROVIDER,FOUR


ECPATIENT,ONE 9789         Jan 01, 1998@08:00     PLWNEW             ECPROVIDER,ONE      401.9
                                                        301/GENERAL INTERNAL MEDICINE
1 Primary Provider entries for ECPROVIDER,FIVE
```

Workload Report

This report is on the *Scheduling Outputs* menu. It provides a listing of patients who have either outpatient or inpatient activity for a specified time frame. For Event Capture usage, you should run this report to sort by Stop Code and include the Add/Edits. Event Capture workload is considered Add/Edit for purposes of this report and will appear under the 900 stop code section.

In this example, four of the six patients appear on the report. Patients ECPATIENT,FIVE and ECPATIENT,SIX do not appear because of the missing information noted above.

You will notice that this report (generated by Stop Code) lists the Stop Code of 900, because workload entered via Event Capture is considered Ancillary and is shown in the OUTPATIENT ENCOUNTER file (#409.68) as STOP CODE ADDITION type workload.

```
CLINIC WORKLOAD REPORT                    PAGE:   1
                        DETAILED BY DAY BY STOP CODE
                    PERIOD COVERING:  01/01/98-01/04/98
                        DATE RUN ON:  01/21/98@1026

                                                                                TOTAL
                              SCHED UNSCH INPAT OVER- ADD/  NO-   CANCEL PATIENTS
CLINIC NAME   DATE            APPTS APPTS APPTS BOOKS EDITS SHOWS APPTS  SEEN

STOP CODE:    900
ADD/EDIT
              01-01-98  ECPATIENT,ONE    666-999-789  ADD/EDIT     TIME: 08:00
                        ____________________________________________________________
                              N/A   N/A   N/A   N/A     1   N/A   N/A         1
              01-03-98  ECPATIENT,TWO    000-45-6789  ADD/EDIT     TIME: 08:00:10
                        ____________________________________________________________
                              N/A   N/A   N/A   N/A     1   N/A   N/A         1
              01-04-98  ECPATIENT,THREE  666-45-6789  ADD/EDIT     TIME: 08:00
                        ECPATIENT,FOUR   000-12-3789  ADD/EDIT     TIME: 08:00:10
                        ____________________________________________________________
                              N/A   N/A   N/A   N/A     2   N/A   N/A         2
              ____________________________________________________________________
              Add/Edit Total  N/A   N/A   N/A   N/A     4   N/A   N/A         4


_____________________________________________________________________________
Stop Code 900 Total             0     0     0     0     4     0     0         4

           TOTAL PATIENTS SEEN = SCHED + UNSCHED + INPAT + OVERBOOKS + ADD/EDITS

           CANCELLED APPTS AND NO-SHOWS ARE NOT INCLUDED IN THE ABOVE TOTALS AND
                         ARE GIVEN FOR STATISTICAL PURPOSES ONLY.
```

Appointment Management Report

This report is on the *Scheduling Outputs* menu. It prints reports that will help the site implement and manage the new appointment check in requirement. For Event Capture purposes, you should generate this report for appointments that have a status of either ***checked out*** or ***action required***. You should specify the clinic associated with the Event Capture patient procedures when generating this report for appointments with the following statuses:

Status	Description
No action taken	Appointments for which some type of action is needed before they are checked out
Checked in	Sites may elect to check in patients (not required)
No Showed	Appointments that have been designated as no-shows
Statistics	Provides the numbers of patients that have action required and were checked out or were inpatients for each division
Division only statistics	Provides the numbers of patients that have action required and were checked out or were inpatients and can be run for one or more divisions

In the next two examples, all patients whose data was complete in Event Capture appear on the report when the reported is generated for workload with a status of Checked Out. All patients whose data is incomplete in Event Capture appear on the report when the report is generated for workload with a status of Action Required.

```
Appointment Management Report                Report Date: JAN 21, 1998@11:30            Page: 1
_____________________________________________________________________________________________
Dates    : 01/01/98 to 01/04/98                                          Division: TROY
Status   : CHECKED OUT                                                    Clinic: PLWNEW
Sorted By: DIVISION, CLINIC, PATIENT                                       Total: 4
_____________________________________________________________________________________________
Patient                    Encounter Date/Time    Means Test    Eligibility             Status
_____________________________________________________________________________________________
ECPATIENT,TWO      6789    01/03/98@08:00                       HOUSEBOUND              CHECKED OUT
ECPATIENT,THREE    6789    01/04/98@09:30          CAT A        NON-SERVICE CONNECTED   CHECKED OUT
ECPATIENT,FOUR     3789    01/04/98@09:30          CAT C        NON-SERVICE CONNECTED   CHECKED OUT
ECPATIENT,ONE      9789    01/01/98@08:00          NOT REQ      SC, LESS THAN 50%       CHECKED OUT


Appointment Management Report                Report Date: JAN 21, 1998@11:30            Page: 1
_____________________________________________________________________________________________
Dates    : 01/01/98 to 01/04/98                                          Division: TROY
Status   : ACTION REQUIRED                                               Clinic: PLWNEW
Sorted By: DIVISION, CLINIC, PATIENT                                       Total: 2
_____________________________________________________________________________________________
Patient                    Encounter Date/Time     Means Test     Eligibility           Status
_____________________________________________________________________________________________
ECPATIENT,SIX        7878    01/03/98@08:00                       SC, LESS THAN 50%     ACTION REQUIRED
     Missing: SC /
ECPATIENT,FIVE       8888    01/01/98@10:00          NOT REQ      SC, LESS THAN 50%     ACTION REQUIRED
     Missing: SC / EC /
```

Other Methods of Validating Workload

FileMan outputs can also be used to generate reports useful for data validation. It is suggested that you obtain a copy of the Data Dictionary (Standard) for the EVENT CAPTURE PATIENT file (#721). The Data Dictionary tells you what the fields are in this file and will assist you in determining what data you want to retrieve. The following is one example of a FileMan generated report.

```
Select VA FileMan Option: Print File Entries

OUTPUT FROM WHAT FILE: EVENT CAPTURE PATIENT// <RET>
SORT BY: RECORD NUMBER// DATE/TIME OF PROCEDURE
START WITH DATE/TIME OF PROCEDURE: FIRST// JAN1  (JAN 01, 1998)
GO TO DATE/TIME OF PROCEDURE: LAST// JAN4  (JAN 04, 1998@24:00:00)
  WITHIN DATE/TIME OF PROCEDURE, SORT BY: <RET>
FIRST PRINT FIELD: DATE/TIME OF PROCEDURE
THEN PRINT FIELD: PATIENT
THEN PRINT FIELD: ICD-9 CODE
THEN PRINT FIELD: PROCEDURE
     1   PROCEDURE
     2   PROCEDURE REASON
CHOOSE 1-2: 1
THEN PRINT FIELD: <RET>

  ************************
Heading (S/C): EVENT CAPTURE PATIENT LIST  Replace
START AT PAGE: 1// <RET>
DEVICE:   UCX/TELNET    RIGHT MARGIN: 80// <RET>

EVENT CAPTURE PATIENT LIST                    JAN 22,1998  09:20    PAGE
DATE/TIME OF                                          ICD-9
PROCEDURE             PATIENT                         CODE
  PROCEDURE
------------------------------------------------------------------------

JAN  1,1998  08:00     ECPATIENT,ONE                  401.9
  PC-ANGER, 10 MIN
JAN  1,1998  10:00     ECPATIENT,TWO                  401.9
  TONE DECAY TEST
JAN  3,1998  08:00     ECPATIENT,THREE                401.9
  PC-FEAR, 10 MIN
JAN  3,1998  08:00     ECPATIENT,FOUR                 401.9
  PC-FEAR, 10 MIN
JAN  4,1998  09:30     ECPATIENT,FIVE                 401.9
  PC-ANGER, 10 MIN
JAN  4,1998  09:30     ECPATIENT,SIX                  401.9
  PC-ANGER, 10 MIN
```

Event Capture - the DSS Perspective

Recipe for VAMC Clinical Services to Set Up Event Capture Systems (ECS) For Data Reporting - Provided by BTSO

The following steps are designed to allow VAMC Clinical Services to set up the Event Capture System (ECS) for the reporting of their clinical workload data. The DSS BTSO has provided these steps electronically (by e-mail) to the appropriate Program Offices in VA Central Office (VACO) for dissemination to their Service Chiefs at all VAMC sites. BTSO will also provide these to the IRM Services at all VAMCs via the DSS ADP call and DSS IRM mail group on FORUM.

Contact your DSS Team for assistance with implementing, maintaining and operating the ECS software. Call the National Help Desk at 1-888-596-4357 if you or your IRM Service have questions regarding the technical implementation or operation of ECS.

Preparation

1. It is wise to appoint someone in your service as your ***ECS ADPAC*** (Automated Data Processing Application Coordinator). The Service ADPAC's job is to manage the access forms for VistA**,** train staff in ECS data entry, and audit the number of products per month for each ECS Department of your service to be sure all data is entered.

2. Ask your IRM Service which IRM person has received the training for setting up ECS at your medical center. The DSS Site Manager has full-time responsibilities for implementing and maintaining DSS data for the entire medical center. The IRM staff person trained by DSS is responsible for helping with ECS setup. Ask that ***ECS-trained IRM person*** for the introductory ECS CD-ROM.

3. Review the introductory ***ECS CD-ROM*** with your Service ADPAC and any other staff members who will help set up ECS in your service.

4. Get your service's list of ***DSS Intermediate Products*** from your own manual records or your VACO Program Office. The DSS Bulletin Board has the national ECS Product list for the following services:

    - Audiology and Speech Pathology Service
    - Chaplain Service
    - Physical Medicine and Rehabilitation Service
    - Social Work Service

5. Determine which ***ECS Work Units*** you want to set up to capture SSN-specific workload data. Later you will determine how you want to use these ECS Work Units in relationship to your DSS Departments. (Each DSS Department can have one or several ECS Work Units reporting to it. You will also need to help the DSS Team determine the labor, supplies, and equipment to map to each of your DSS Departments.)

   Helpful Hint: Start with inpatient departments so that you get SSN-specific workload information for all inpatients.

6. Review the ***RVUs*** provided by your VACO Office for each product. If you have more than one provider of the same labor category offering a group product (or other product), you will need to increase the RVU for that labor category. If your group sizes vary widely between products, you will want to set the RVU for the group product carefully to represent the minutes per patient spent by the provider. For example, a 10-patient, one-hour group, would have an RVU per patient product of 6 minutes (10/60) and a 6-patient, one-hour group, would have an RVU is 10 minutes per SSN (6/60).

Actually Setting Up ECS

1. Ask your DSS Site Manager to have the ECS-trained IRM person work with your Service's ECS Team to set up a ***training account*** where you and your staff can practice with ECS Product Screens. You should also have a data input training area for your staff.

2. You will need to get ***access to the ECS menus*** for all your data input staff from the IRM staff person who supports Event Capture.

3. ***Notify*** your IRM Service and the DSS Site Manager when you have completed the first eight steps and are now ready to set up the ECS Event Code Screens in production mode.

4. Begin to ***run ECS in a production account.***

5. ***Notify*** your DSS Team that your service's DSS Department(s) just started ECS in production.

Ongoing Monitoring of ECS Data Entry

1. You (and possibly your Service's ADPAC) and your DSS Site Manager will want to ***monitor the total workload reported on ECS*** by each of your new ECS Departments for 2 or 3 months to be sure it is reliable and consistent enough for DSS. You will also want to carefully review the data reported ***per provider*** to ensure its accuracy.

   Please Note: It is critical that you audit the workload reports with your DSS Site Manager every month and take the necessary steps to get all of the ECS data entered correctly before data extracts are cut for DSS (i.e., before the tenth of the following month).

2. ***Review the DSS reports*** for your service.

   Please refer to the preceding section of this Cookbook document for information about the reports you can use to validate the data.

How to Use and Interpret ECS Quantities

ECS Product Quantities for National ECS File Products and for Others – (especially PM&R).

ECS has three sources of product entities used to create Event Code Screens:

1. The National ECS file

Most National Program Offices using the ECS software are using National ECS file products, which have explicit time durations per product (such as 15 minutes); therefore, users should input appropriate quantities that are cost-relevant.

Some of these National ECS products have cross-references to CPTs from a special ECS cross-reference file so PCE Batch Entry can also be done at night. These cross-referenced CPTs are used simply for case marking for MCCR purposes. (MCCR ignores CPT quantity on the same day in the same clinic on the same patient unless the CPT code has a built-in time interval that is relevant to charging).

2. The "Local" ECS file

Local ECS products also use quantities that are related to duration described on the product.

3. The VAMC CPT file

There is a problem with National Programs which are still referencing the CPT file (#81), which contains the CPT codes, for their ECS products rather than a more cost-relevant entity (such as ICD-10 procedure entities which A&SP uses in their National ECS file). Over the next year, PM&R also plans to phase in ICD-10 procedure entities as the National ECS products (possibly as early as FY99). This would help solve the problem of a volume disparity between how MAS likes to report CPTs as encounters versus the DSS clinical user, who needs to know cost of deployed labor per time unit, because DSS is a cost system. National Rehab has provided specific time entities for their current ECS products for best costing. Most CPTs do not attempt to cost time, but rather are billing labels. It is unfortunate at this time (FY98) that the VHA has not yet developed a full cost-master of all standard healthcare intermediate products with nationally standard numbers that relate to cost, especially the duration of labor for highly trained professional providers. The Lab LMIP; the ECS National products; the Surgery 15 minute Nurse, Surgeon and Anesthetist's products do that, but many other Services are using only CPTs to try to have some cost meaning as they also provide them to HAS for encounter labels for billing. That is mixing two critically different purposes/functions with somewhat unhappy results whichever method is followed.

DSS needs specific durations of time and quantities of these duration labor products for accurate costing. This is a primary concern if VHA wants reliable costs. The new APG (Ambulatory Care Grouper) from 3M/HCFA in test now on NPCD data at AAC for Nancy Wilson and DSS, would appear to take care of any problems in PCE/NPCD CPT code entries with quantities greater than one, (which currently MAS advises not to use) for the same SSN/same clinic/same day by creating only one APG for the encounter (one per SSN/production unit - clinic/day). The long-term answer is for Rehab to continue to move to National ECS codes so the use of CPT as a cost product is replaced by a better, more specific cost product for Rehab-Services (ICD-10 procedure entities).

Setting up a Menu Template

Some sites have expressed a desire to enter Progress Notes for the same patients that they are entering into Event Capture. There are a couple of ways to accomplish this.

- Evoke each menu option within Event Capture and Text Integration Utility (TIU) independently
- Use a Menu Template (a shortcut path from one option to another)

This section of the cookbook explains generically the steps you can go through to create a Menu Template. Because Menu Templates take you through several menu paths, you will need to do the following *before* the template(s) will work.

- If any of the options you will be evoking through your Menu Template have a security key, you must have the appropriate security key(s) assigned to you. (Event Capture menus require the ECALLU Security Key).
- Have the menus you will be evoking through your menu template assigned to you as secondary menu options in addition to being on your Primary Menu. Your IRM Service can assist with the assignment of the security keys and menu options.

Example

Please note that your menu options are likely to be quite different from those shown in this example. It shows you *all* of the steps you will go through to set up a Menu Template. This example assumes that you want to Enter/Edit Patient Procedures (Event Capture option), then enter a Progress Note (TIU option name: Enter of Progress Note).

User responses in this example are shown as **bolded and underlined**. There is also a sample of what you will see once the Menu Template is created and is actually being used. Comments to help you see where you are in this example (and what the steps mean) are shown as ***bold italics***.

If you experience difficulty setting up this template, please do the following:

- Contact the National Help Desk at 1-888-596-4357.
- Ask the person who answers the phone to log a NOIS for the Event Capture module.
- Explain that you are trying to set up a Menu Template and are having problems.
- For assistance with the TIU options, please see the Clinical Coordinator or TIU Coordinator at your facility.

A copy of these instructions will be provided to the Customer Support staff for Event Capture as well as to the BTSO Help Desk.

```
Good afternoon ECUSER,ONE
     You last signed on today at 12:50

   ECS    Event Capture Menu ...
   TIU    Progress Notes User Menu ...
          Progress Notes/Discharge Summary [TIU] ...

Select LOCAL MENU FOR TRAINING Option: TBOX  User's Toolbox

          Display User Characteristics
          Edit User Characteristics
          Electronic Signature code Edit
          Menu Templates ...
          Spooler Menu ...
          Switch UCI
          TaskMan User
          User Help

Select User's Toolbox Option: MENU Templates

          Create a new menu template
          Delete a Menu Template
          List all Menu Templates
          Rename a menu template
          Show all options in a Menu Template

Select Menu Templates Option: CREATE a new menu template

Do you want some brief instructions? [Y/N] N// Y

                     Creating a Menu Template
   A menu template is a set of menu options that can be called at
any menu prompt.  This list of options will be executed from the top
of the list to the bottom and then the user will be asked if he/she
wants to execute that set of options again.  Each menu template is
stored in the person file with a unique name associated with it.  A
menu template is evoked by typing a left, square bracket followed by
the template name.
```

```
   To create a menu template you will be led step-by-step through
your menu trees, selecting an option from each menu presented.
No jumping is allowed during the creation of a template because how
you got there may be as important as the target option.  All templates
begin execution with your primary (sign-on) menu.

   At the "Select...Option" prompt you may respond by typing:

     1. An option from the menu presented to include that
        option in the template you are creating,
     2. '?' to get a brief help message,
     3. '??' to get this help message again,
     4. '+' to store the template in your Person file, or
     5. '^' to abandon the creation process and return to
        the regular menu system.

Select HELP SYSTEM action or <return>: <RET>

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.
```

Once you've reviewed the help text for creating a menu template, you will see your Primary Menu displayed.

```
   ECS    Event Capture Menu ...
   TIU    Progress Notes User Menu ...
          Progress Notes/Discharge Summary [TIU] ...

     Choose one of the LOCAL MENU FOR TRAINING Options: ECS   Event Capture
Menu.
```

Begin by selecting the first menu option in the patch. Remember that to get to the Enter/Edit Patient Procedures menu (in this example), you have to go through the menu path.

```
Event Capture Menu     (ECMENU)  This one? [Y/N] Y// Y

           CREATING A MENU TEMPLATE
```

This is displayed throughout this process and lets you see where you are.

```
     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.

   MGR    Event Capture Management Menu ...
   E      Event Capture Data Entry ...
   R      Event Capture Reports ...
   O      Event Capture Online Documentation

     Choose one of the Event Capture Menu Options: E  Event Capture Data Entry
```

This is the submenu to get the Enter/Edit Patient Procedures option.

```
Event Capture Data Entry     (ECENTER)  This one? [Y/N] Y// Y
```

```
           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.

          Enter/Edit Patient Procedures
          Batch Enter Data by Patient
          Data Entry (Batch) by Procedure
          Multiple Dates/Multiple Procedures Data Entry

     Choose one of the Event Capture Data Entry Options: ENTER/Edit Patient
Procedures  Now you select the Enter/Edit Patient Procedures option.  This
example assumes that this is the only menu option you wish to execute in Event
Capture.

Enter/Edit Patient Procedures     (ECPAT)  This one? [Y/N] Y// Y

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.
Enter a return here to go up a level.  Your goal is to get back to the display
of your Primary Menu option.

          Enter/Edit Patient Procedures
          Batch Enter Data by Patient
          Data Entry (Batch) by Procedure
          Multiple Dates/Multiple Procedures Data Entry

     Choose one of the Event Capture Data Entry Options: <RET>

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit. <RET>
Entered a return to continue to go up a level.

          Enter/Edit Patient Procedures
          Batch Enter Data by Patient
          Data Entry (Batch) by Procedure
          Multiple Dates/Multiple Procedures Data Entry

     Choose one of the Event Capture Data Entry Options: <RET>

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit. <RET>
Entered a return to continue to go up a level.
```

```
   MGR    Event Capture Management Menu ...
   E      Event Capture Data Entry ...
   R      Event Capture Reports ...
   O      Event Capture Online Documentation

     Choose one of the Event Capture Menu Options: <RET>

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.
```
Entered a return to get to this display. Okay, now we're back to the display of your Primary Menu option. Next, you want to select the TIU option. The final menu that you will execute in TIU is the Entry of Progress Note option.

```
   ECS    Event Capture Menu ...
   TIU    Progress Notes User Menu ...
          Progress Notes/Discharge Summary [TIU] ...

     Choose one of the LOCAL MENU FOR TRAINING Options: TIU   PROGRESS
NOTES/Discharge Summary

Progress Notes/Discharge Summary [TIU]     (TIU MAIN MENU CLINICIAN)  This
one? [Y/N] Y// Y

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.

   1      Progress Notes User Menu ...
   2      Discharge Summary User Menu ...
   3      Integrated Document Management ...
   4      Personal Preferences ...

     Choose one of the Progress Notes/Discharge Summary [TIU] Options: 1
Progress Notes User Menu.  This is the menu path you must take to get to the
Entry of Progress Notes option.

Progress Notes User Menu   (TIU MAIN MENU PN CLINICIAN)  This one? [Y/N] Y// Y

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.
```

```
   1      Entry of Progress Note
   2      Review Progress Notes by Patient
   2b     Review Progress Notes
   3      All MY UNSIGNED Progress Notes
   4      Show Progress Notes Across Patients
   5      Progress Notes Print Options ...
   6      List Notes By Title
   7      Search by Patient AND Title
   8      Personal Preferences ...

     Choose one of the Progress Notes User Menu Options: 1  Entry of Progress
```
Note This is the option that you want to execute.

```
Entry of Progress Note     (TIU ENTER/EDIT PN)  This one? [Y/N] Y// Y

           CREATING A MENU TEMPLATE

     Choose an option, type RETURN to back up one level,
     '+' to store the completed template, or '^' to quit.

   1      Entry of Progress Note
   2      Review Progress Notes by Patient
   2b     Review Progress Notes
   3      All MY UNSIGNED Progress Notes
   4      Show Progress Notes Across Patients
   5      Progress Notes Print Options ...
   6      List Notes By Title
   7      Search by Patient AND Title
   8      Personal Preferences ...

     Choose one of the Progress Notes User Menu Options: +
```
Since you've finished putting the desired options in my Menu Template, you enter a plus sign. This will store the Menu Template for future use.

```
You have chosen the following options in this order:
```
You will note that all the options and menus are displayed. This is just to show you what options you selected on your journey through the Menu Template.

```
LOCAL MENU FOR TRAINING    (LOCAL MENU)
Event Capture Menu    (ECMENU)
Event Capture Data Entry    (ECENTER)
Enter/Edit Patient Procedures    (ECPAT)
Event Capture Data Entry    (ECENTER)
Event Capture Menu    (ECMENU)
LOCAL MENU FOR TRAINING    (LOCAL MENU)
Progress Notes/Discharge Summary [TIU]    (TIU MAIN MENU CLINICIAN)
Progress Notes User Menu    (TIU MAIN MENU PN CLINICIAN)
Entry of Progress Note    (TIU ENTER/EDIT PN)
```

Are we in agreement so far? [Y/N] Y// **Y**

Fine. Since all menu-type options will be processed in the background
you will only be asked to respond to the following:
This means that even though you selected all those options and menus in the setting up of the Menu Template, these are the only two options that you will be seeing once you select your Menu Template.

Enter/Edit Patient Procedures (ECPAT)
Entry of Progress Note (TIU ENTER/EDIT PN)

Are these the functions you want when you invoke this template? [Y/N] Y// **Y**

Enter a name (6 characters or less in UPPER CASE)
for this template or '^' to quit: **TEST**

'TEST' it is. In the future you will start this template by typing '[TEST'

After you have finished using 'TEST' will you want it to repeat? [Y/N] N// **Y**
This means that after you've entered a Progress Note (in this example), you can continue on using the Menu Template. You would be taken to the Enter/Edit Patient Procedures option in Event Capture.

ECS Event Capture Menu ...
TIU Progress Notes User Menu ...
Progress Notes/Discharge Summary [TIU] ...

Select LOCAL MENU FOR TRAINING Option: **[TEST** ***Here's an example of how the Menu Template will work. Don't forget the left bracket!***

Loading TEST...

Enter/Edit Patient Procedures ***Notice that it takes you to the Enter/Edit Patient Procedures option. You can proceed to enter the Event Capture date for this patient.***

Event Capture Locations:

1. ALBANY
2. ALBANY OPC
3. HONOLULU OC, HI
4. MURFREESBORO, TN
5. TROY

Select Number: **1**

Select DSS Unit: **FRIDAY** M010

Location: ALBANY
DSS Unit: FRIDAY

```
Select Patient: ECPATIENT,ONE        09-02-95     666999789     YES     SC
VETERAN          SMB     SMB
Enter Date and Time of Procedure: NOW// <RET> (JAN 20, 1998@12:52)

This patient is an Outpatient
   92546 SINUSOIDAL VERTICAL  AXIS ROTATION  (#SP067)

Procedure: 92546 SINUSOIDAL VERTICAL  AXIS ROTATION  (#SP067)

ENTERING A NEW PROCEDURE FOR ECPATIENT,ONE ...

LOCATION: ALBANY
SERVICE: MEDICINE
SECTION: MEDICINE
CATEGORY: FRI-ONE

PROCEDURE: 92546 SINUSOIDAL VERTICAL  AXIS ROTATION  (#SP067)
 Modifier: 22    UNUSUAL PROCEDURAL SERVICES
 Modifier: <RET>
VOLUME: 1// <RET>
ORDERING SECTION: MEDICINE// <RET>
ICD-9 CODE: 401.9  401.9       HYPERTENSION NOS
         ...OK? Yes// <RET>  (Yes)
IN/OUTPATIENT: O  OUTPATIENT
ASSOCIATED CLINIC: TEST

--- Classification --- [Required]
Was treatment for SC Condition? NO
Was treatment related to Combat? NO
Was treatment related to Agent Orange Exposure? NO
Was treatment related to Ionizing Radiation Exposure? NO
Was treatment related to Environmental Contaminant Exposure? NO
Was treatment related to Military Sexual Trauma? YES
Was treatment related to Head and/or Neck Cancer? NO

Provider: ECPROVIDER,ONE                PLT     162     COMPUTER SPECIALIST
     Occupation:   Physician Assistant

Provider #2: <RET>

Location: ALBANY                        Service: MEDICINE
Section: MEDICINE                       DSS Unit: FRIDAY
Patient: ECPATIENT,ONE                  Procedure Date: Jan 20, 1998@12:52

1.   Category : FRI-ONE                                        ECPROVIDER, 0
     Procedure: 92546 SINUSOIDAL VERTICAL  AXIS ROTATION (1)   MEDICINE
      Modifier:     - 22 UNUSUAL PROCEDURAL SERVICES

Select a number to edit/delete, or enter N to create a New Procedure:

Location: ALBANY                        Service: MEDICINE
Section: MEDICINE                       DSS Unit: FRIDAY
Select Patient:
```

Once the data has been entered in Event Capture, you are taken to the option that allows you to Enter a Progress Note (Entry of Progress Note option) in TIU.

```
                          --- Clinician's Menu ---

                  --- Clinician's Progress Notes Menu ---

Entry of Progress Note

Select PATIENT NAME: ECPATIENT,ONE         09-02-95     666999789     YES
SC VETERAN           SMB     SMB

TITLE: CRISIS NOTE          TITLE

Creating new progress note...
          Patient Location:  SURGERY
    Date/time of Admission:  06/24/97 13:10
         Date/time of Note:  NOW
            Author of Note:  ECPROVIDER,ONE
   ...OK? YES//

Calling text editor, please wait...
  1>TESTING ECS AND TIU USE VIA MENU TEMPLATES
  2><RET>
EDIT Option: <RET>

Saving CRISIS NOTE with changes...
Print this note? No// <RET>  NO

You may enter another Progress Note. Press RETURN to exit.

Select PATIENT NAME: <RET>

Again? Y// Y  If you type a YES here, you will go back to the Event Capture
option.  If you type a NO here, you will be exited from the Menu Template.
```

Frequently Asked Questions (FAQs)

Question	Answer
Why do I need Count and Non-Count Clinics?	If MAS schedules appointments into the same clinic that is used by Event Capture, and if both are Count clinics, duplicate workload is created in DSS (a null record and an ECS record). Duplicate workload means that there are two encounters created for the same patient, for the same day, for the same clinic. To prevent this, follow these guidelines: 1. Use the Set up a Clinic option in the Scheduling software to create a non-count clinic with the appropriate DSS Stop and Credit pairs. It should be clearly identified (e.g., Social Work - NC). A non-count clinic is defined as one for which there is no workload credited. MAS makes appointments in this non-count clinic. MAS will be able to print preappointment letters and appointment lists. 2. Create a count clinic with the same DSS Stop/Credit pair. A count clinic is defined as one for which workload entered is credited. It should be clearly identified in the name to differentiate it from the non-count clinic (e.g., Social Work - C). Associate this clinic with the Event Code Screen and DSS Unit. This is the clinic that Event Capture will use to pass the workload to PCE. By passing data from Event Capture to PCE, you will also be sending the workload to the Austin Information Technology Center (AITC), where it is filed in the NPCD. 3. If, when selecting the associated clinic, you are told 'Access Prohibited to this clinic', it means that only certain individuals may access the clinic. You should work with MAS to request access to the clinic. 4. If MAS does not schedule appointments for these patients, follow Step 2 only. 5. Coordinate and review the above with those who use Event Capture as well as with Scheduling and MAS staff.

Question	Answer
What data elements are required to send data to PCE?	PCE requires the following data elements: • Date and time of procedure • Patient name and SSN • Classification questions responses • Procedure (CPT code) • Diagnosis (ICD-9) code All of these are prompted in the Event Capture data entry options. Classification questions are answered as they relate to that encounter. For example if the patient were being treated for his Service Connected Condition, the answer to the Service Connected prompt would be yes. To ensure that your site enters the appropriate ICD-9 code it is suggested that the Event Capture staff work with MAS and medical record coding at your site to determine a list of the most likely ICD-9 codes for the DSS Unit's workload. *Please Note: Event Capture V. 2.0 prompts the classification questions for outpatients. Future enhancements to Event Capture will prompt the classification questions only when applicable to the veteran (e.g., if the veteran does not claim exposure to Agent Orange, Event Capture will not prompt the Agent Orange Classification). Also, Event Capture will know the veteran's inpatient/outpatient status and not prompt the user to enter it.*
Does Event Capture replace Encounter Forms?	Event Capture is not designed to replace Encounter Forms. It is designed to be used in those areas where there is not a suitable method of capturing workload data. Generally, these will be inpatient work areas or procedure labs or other areas where both inpatients and outpatients are treated during the same session.
How are patients checked out?	If you are sending the workload to PCE, PCE requires that the encounter be checked out. This is accomplished when the Event Capture filer triggers the immediate background data transfer to PCE. The date/time when this job is run becomes the date/time the encounter is checked out.
How do I reassure MAS that workload is being passed to PCE?	Generating any of the reports noted in the Reports section of this document could do this.

Question	Answer
Which packages send data to PCE or DSS (or both)? Do I need to repeat this for Event Capture?	The following packages send data to PCE: • Surgery • Laboratory • Radiology • Scheduling • PCE You do not need to duplicate this workload by using Event Capture in these areas. The following packages send data to DSS: • PIMS (Scheduling, ADT/Registration, and Rug II) • Dental • Surgery • Quasar • Event Capture • Outpatient and Inpatient Pharmacy • Radiology • Laboratory • Nursing
What areas are best suited to use Event Capture?	Areas that meet any of the following criteria are best suited to use Event Capture: • Any area where there is not already a VistA package in place to capture workload. • Any area where there is no VistA package suited for capturing workload. • Any area where there is VistA data but no feed to DSS. Some examples: • Chaplain Service and Physical Medicine Service do not have VistA packages. • Social Work Service has a VistA package, but it is case-based, not workload-based. • Medicine Service has a VistA package, but there is no extract for sending data to DSS.
Who is responsible for which portion of Event Capture?	IRM Service is responsible for initially installing the Event Capture software and for installing any patches that are released for Event Capture. Sites should have an Event Capture application coordinator (ADPAC) who would be responsible for setting up Event Capture for the various services, training the users in those services, and generally monitoring the workload to ensure what is being captured. S/he would work with the service in charge of MAS as well as the individuals within each service using Event Capture.

Question	Answer
How do I set up the default volume in Event Capture (e.g., for Group Clinic Visits?)	Volume is defined as the number of procedures performed, or the amount of time spent doing the procedure, not number of patients. You can be set a default value for a given product by using the following guidelines: • For number of procedures, volume of 1 = one procedure. • For amount of time, if the procedure code indicates a 30-minute procedure, a volume of 1 would indicate 30 minutes. You can override the default volume during data entry based on site/service preference. Most sites opt to use a value of 1 as the default volume. Scenario 1 - Product = Social Work Group 30 Minute Visit Additional known info: Group is usually 10 patients with one Social Worker 1. Set up default Volume to 1. 2. Change the DSS RVU for the product in the given Feeder Location to be 3 minutes under the Labor Category for Social Worker so that each of the 10 patients in the group will be allowed 3 minutes of Social Worker labor resource. (Usually RVUs should agree with description of their product, but not here. Note: It is best not to spend too much time on RVUs during the first year of working with DSS.) Scenario 2 - Product = Social Work Group 30 Minute Visit Additional known info: Group is usually 10 patients with two Social Workers 1. Set up default Volume to 1. 2. Change the DSS RVU for the product in the given Feeder Location to be 6 minutes under the Labor Category for Social Worker so each of the 10 patients in the group will be allocated 6 minutes (i.e., 3 minutes for each Social Worker). Scenario 3 - Product = Chaplain Individual 10 Minute Visit Additional known info: Session is usually for 30 min. and RVU in DSS for product is for 10 minutes. Do one of the following: 1. Set up default Volume to 1 and override to 3 during data entry (option most often used) 2. Set up default Volume to 3 and do not override unless session length was not = 30 min. 3. Set up default Volume to 1 and change DSS Product Description and RVU to 30 min. (This assumes the 10 minute product will not be needed.)

Question	Answer
Why do the steps for setting up Event Capture require the entry of Service, Cost Center, and Medical Specialty? This information is not required during data entry, and doesn't appear on reports, so how is it used by DSS?	These fields were added in early stages of ECS development (requested by field sites, Long Beach and Oklahoma City, and programmed by Birmingham), but are never used in DSS. They may help sort what service to send Event Capture reports to.
Why is an associated stop code needed for data not sent to PCE?	The DSS Event Capture Extract requires that a DSS Identifier (stop code) be present. For DSS Units that pass workload to PCE, the DSS Identifier is obtained from the Associated Clinic. Workload transmitted to the NPCD (such as that passed to PCE) also requires a DSS Identifier. For DSS Units that do not pass workload to PCE, there was not a way to get the DSS Identifier that is required for the DSS Event Capture Extract. Entering an Associated Stop Code for the DSS Unit meets the requirements of the DSS Event Capture Extract.
How do you audit inpatient data? Can you compare it to any of the PCE reports?	Probably the best way to audit inpatient data is via a FileMan report. Generate a FileMan Search on the EVENT CAPTURE PATIENT file (#721). Start the search on the Date/Time Field (for your date range), then search for Inpatient/Outpatient equals Inpatient. You can print the date/time of procedure, patient name and any other fields you may wish to print. (HINT: Have a copy of the EVENT CAPTURE PATIENT file [#721] Data Dictionary available).
How do you audit data if the DSS Unit is set up by classification categories other than inpatient and outpatient? (The inpatient vs. outpatient are totaled together and cannot be differentiated.)	Inpatient data can be audited via the FileMan output noted above in FAQ #12. The Scheduling Outputs described in the Data Validation section can be used to audit outpatient data. Please refer to question #12 for a discussion on auditing inpatient workload.
Would it be best to give each DSS Unit a separate associated clinic? (For example, DSS Units such as Social Work Inpatient, CNH/Social Work, Homeless Social Work, Primary Care/Other Clinics Social Work, and Residential Care Social Work have the same associated clinic, making it impossible to differentiate their workload.	Probably yes. If you use the same Associated Clinic, the workload is lumped to one DSS Identifier. The Provider/Diagnosis report could be used to generate workload reports for each provider (if the workload is passed to PCE). If you use unique Associated Clinics, you can generate unique workload reports.

Question	Answer
Scenario: After you have entered data for a month, you run a report and find a gross error. What is the best way to identify and correct the erroneous data? Should a DSS Unit Workload Summary Report be run more frequently than once a month to isolate errors?	The workload reports noted in "Reports to use for Data Validation" section of this document should be generated more often than once a month, as should the Event Capture reports. The only way to correct an error is via the Enter/Edit Patient Procedures option. Corrections made will be reflected in PCE.
What report within Event Capture gives you a unique SSN report?	There are no reports in Event Capture that would give you a report of Unique SSN workload. You might be able to accomplish this via FileMan.
At what point does Event Capture link with DSS?	Data entered into Event Capture links to DSS when the DSS Event Capture Extract is generated and transmitted.
If Event Capture uses a count clinic, and products are also counted, does this provide a double count?	Essentially, this question deals with count vs. non-count clinics. Please refer to Question #1 in this section.
How do I submit an enhancement request (E3R)? How can I determine the status of E3Rs that have already been requested?	An option on FORUM (usually on your secondary menu) provides the ability to enter a new E3R, view existing E3Rs, and generate reports on an E3R. The main option name is Package Enhancement Main Menu (E3R) Option. Select Enter to enter an E3R. If you know the E3R number, you can select View to view the E3R. To find a list of outstanding E3Rs, select the Reports menu, Outstanding E3Rs for a Package option. Enter Event Capture when prompted for the Package Name. You can generate a brief (just the subject) or detailed report.
If an inpatient is scheduled in MAS to a RMS ECS department, and the patient doesn't show for the appointment, is there an ECS procedure (e.g., no-show patient visit) to show that the scheduled inpatient appointment didn't show?	Use ECS local product number one and name it "noshow patient".
How do I track workload separately for multiple clinics with the same stop code?	Create separate DSS Units with the same associated clinic. OR Create separate clinics.
Can I use the spacebar-return functionality to reenter the same ICD-9 code and associated clinic when batch entering patients/procedures?	Yes, but remember that this functionality brings up the last item entered while using the current option. Once you exit the option, you will not be able to recall the item from the last session.

What makes up the PCE Data Feed?

The following is an example of a PCE data feed string in the PCE DATA FEED field (#30) of the EVENT CAPTURE PATIENT file (#721). Each of the components in the string is identified in the table below.

2970507.0947~224~259~500~141~11713~0~0~3~90846~2~0~0~0~0~CHO72 FAMILY COUNSELING WO PAT, 10 MIN~16~1

PCE Data String Piece	Definition
2970507.0947	Procedure Date and Time
224	Pointer to the PATIENT file (#2) and is the Internal Entry Number (IEN) of the patient
259	Pointer to the HOSPITAL LOCATION file (#44) and is the IEN of the Associated Clinic
500	Pointer to the INSTITUTION file (#4) and is the IEN of the Location (Institution)
141	Pointer to the CLINIC STOP file (#40.7) and is the IEN of the DSS Identifier (stop code) of the Associated Clinic
11713	Pointer to the NEW PERSON file (#200) and is the IEN of the Provider
0	If Provider #2 were entered, this would be the pointer to the NEW PERSON file (#200) and is the IEN of the Provider #2
0	If Provider #3 were entered, this would be the pointer to the NEW PERSON file (#200) and is the IEN of the Provider #3
3	Volume
90846	Pointer to the CPT file (#81) and is the IEN of the CPT Code. Note that the pointer and the CPT code are the same
2	Pointer to the ICD-DIAGNOSIS file (#80) and is the IEN of the ICD-9 code
0	Agent Orange Exposure indicator, 0 is NO, 1 is YES
0	Radiation Exposure indictor, 0 is NO, 1 is YES
0	Environmental Contaminants Exposure indicator, 0 is NO, 1 is YES
0	Service-Connected indicator, 0 is NO, 1 is YES
CHO72 FAMILY COUNSELING WO PAT, 10, MIN	The EC National Procedure name. Note that if the procedure is the CPT code, this is not stored in this piece of the PCE Data Feed.
16	Patient eligibility. Data points to file #8
0	Military Sexual Trauma indicator, 0 is NO, 1 is YES

If CPT modifiers are present, this too is fed to PCE. The data is stored in field (#37) of the EVENT CAPTURE PATIENT file (#721). Modifiers point to file (#81.3). Multiple modifiers are separated by semicolons.

This is an example of a modifier string:- 21;24;25

Troubleshooting

Problem	Resolution
Event Capture is not passing data to PCE	Ensure that TaskMan is running. (You might have to check with IRM to determine this.)

Event Capture Strengths and Weaknesses from a Data Entry Perspective

Strengths	Weaknesses
Easy to use.	Reports need revision to report both outpatient and inpatient totals separately.
Easy to edit.	Batch data lost if user makes a data entry mistake.
Can enter workload without making an appointment.	Having to use two applications: Scheduling and Event Capture.
Can enter workload anytime 24hours a day.	Unable to report No-shows in Event Capture.
Can enter workload Saturday, Sunday and Holidays.	Does not show SC disabilities of patient when ? as in Scheduling.
Some reports were adequate.	Ordering Section report does not give breakdown of all ordering sections. Each must be requested separately.
Batch entry of data is excellent functionality.	
Input by providers and backup administrative personnel is presented in training.	
Batching of Inpatient and Outpatient workload without having to leave the option.	

New Functionality Released With Patch EC*2.0*5

The following new functionality was released with Patch EC*2*5, Event Capture Enhancement. Please refer to the Event Capture V. 2.0 Release Notes for more information about enhancements and modifications to ECS.

1. When entering patient procedure information, you are no longer prompted to enter a Provider Type. Instead, the Person Class of the provider is displayed. You can't change the Person Class of the provider from the Event Capture menu options.

2. Procedure Reason functionality has been added. This allows sites to track why a procedure was done. Procedure Reasons are locally defined at each site and asked during procedure data entry (depending on the site's parameters). Procedure Reason has been added to several reports.

3. During procedure data entry, the procedure lookup functionality has been enhanced to allow you to enter the first few letters of the procedure. The software finds the matches based on your entry and presents the list. Additionally, the use of spacebar-return functionality has been added to allow you to select the same procedure with fewer keystrokes.

4. A new option, Multiple Dates/Multiple Procedures Data Entry, allows you to enter multiple dates and multiple procedures for one or more patients. This option is presented in List Manager format and provides flexibility when entering patient procedures.

5. Several Event Capture reports have been enhanced, and new reports have been added, as indicated in the following table:

Report Name	**New/Enhanced**	**New/Enhanced Functionality**
DSS Unit Workload Summary Report (formerly AMIS Summary-Event Capture)	New	Supports user preferences in selecting the DSS Units for which to generate the report
Procedure Reasons	New	Permits the user to generate a list of the procedures entered, sorted by Procedure Reason
• Patient Summary – Event Capture • Provider Summary • Provider (1-3) Summary	Enhanced	Users can indicate if Procedure Reasons are to be included
Ordering Section Summary	Enhanced	Provides totals for volume, patient and ordering section

New Functionality Released With Patch EC*2.0*61

The following new functionality was released with Patch EC*2.0*61, Event Capture Enhancement. Please refer to the Event Capture V. 2.0 Release Notes and User Manual for more information.

1. Check For Duplicate Records

   The Spreadsheet checks for duplicate records, based on the Location (Station number), Patient SSN, DSS Unit, and Procedure Date/Time. The duplicate records are displayed below the spreadsheet. When the user-defined threshold of duplicate records is reached, the user is prompted to either continue processing, change the threshold, or abort the transmit process.

   - Continue: resets the counter and resumes processing of records.

   - Changing the Duplicate Threshold value: The user has the option of changing the Duplicate Threshold default value from 10 to a user-defined number. The Duplicate Threshold value can be changed two ways:
     1. Open the "Spreadsheet Options" menu and select the "Change Duplicate Threshold" option, or
     2. When the threshold is reached and the 'Duplicate Record Threshold Reached' window is displayed, click the "Change" button.

   - Abort: terminates the upload process.

2. New Event Capture Report
   A new report option entitled "Records Failing Transmission to PCE Report" was added to the Event Capture Report Menu. This report will assist in locating encounters that have not been sent to PCE. All users will have access to this report.

Example of Records Failing Transmission to PCE Report

```
                ECS RECORDS FAILING TRANSMISSION TO PCE REPORT
                      FROM May 03, 2002 TO May 03, 2002

DATE/TIME       PATIENT                SSN  PROVIDER(S)      REASONS
LOCATION        PROCEDURE
DSS UNIT        CATEGORY
--------------------------------------------------------------------------------
5/3/02@12:31    ECPATIENT,ONE          2233 ECPROVIDER,FOUR  CPT code missing
ALBANY          RAA1O REHAB - OPEN
CARE MANAGERS

5/3/02@12:31    ECPATIENT,ONE          2233 ECPROVIDER,FOUR  CPT code missing
ALBANY          RAA1O REHAB - OPEN
CARE MANAGERS

5/3/02@12:31    ECPATIENT,ONE          2233 ECPROVIDER,FOUR  CPT code missing
ALBANY          RAA1O REHAB - OPEN
CARE MANAGERS
```

New Functionality Released With Patch EC*2.0*95

The following new functionality was released with Event Capture Enhancement Patch EC*2.0*95.

1. The Event Capture System (ECS) to Patient Care Encounter (PCE) update has been modified. Only the Event Capture portion of the visit record will be deleted prior to applying the update. This will prevent the inadvertent loss of other visit information, such as Progress Notes or Clinical Reminders.

2. The validation of two character last names in the Spreadsheet Upload option has been modified to prevent two character last names from causing the Spreadsheet Upload option to hang. In addition, the messages returned when the name validation fails have been modified.

The following new messages have been added.

Patient last name doesn't match VistA
Patient first name doesn't match VistA

The following old messages have been deleted.

First 2 chars of patient last name don't match VistA
First 3 chars of patient last name don't match VistA
First 4 chars of patient last name don't match VistA
First char of patient last name doesn't match VistA

3. Seven Event Capture reports have been modified by adding the following explanatory text to the bottom of each page:

Volume totals may represent either days, minutes or numbers of procedures

The modified reports are as follows.

Patient Summary Report
DSS Unit Workload Summary Report
Provider Summary Report
Ordering Section Summary Report
Provider (1-7) Summary Report
PCE Data Summary Report
DSS Unit Activity Report (new report provided in this patch)

4. The Print Category and Procedure Summary (Report) and the Event Code Screens with CPT Codes Report selection screens have been enhanced by adding <ALL> as a Location selection choice. This allows the user to generate the reports for all locations.

5. A new report, DSS Unit Activity Report, has been added to list all patients for a specific DSS Unit for a range of dates.

6. Modified the Add Event Code Screen by adding the ability to select <ALL> as a Location choice. This will allow the user to add an Event Code Screen for all divisions in a multi-divisional system by only entering the data once.

7. Modified the name of Nightly Data Feed to PCE [EC NIGHT] option, changing it to EC Data Feed to PCE [EC PCE FEED] and modified the option description to comply with the CHANGING THE FREQUENCY OF [EC NIGHT] OPTION informational patch EC*2.0*83.

8. The process used to transfer Event Capture data to PCE has been modified to allow the user name of the person that created the Event Capture entry to be used as the creator of the PCE Visit entry. The Event Capture filer will now trigger an immediate data transfer to PCE in the background after the Event Capture record is filed. The PCE data transfer will no longer depend on the EC DATA FEED TO PCE [EC PCE FEED] option to transfer the data.

Glossary

Associated Stop Code	The DSS Identifier (stop code) which most closely represents the DSS Unit workload
Category	Category provides Event Capture a common level to group associated procedures. You can define multiple procedures for each category.
Cost Center	Cost Center reveals which service is using this DSS Unit. Cost Centers are defined in detail in MP4-Part V, Appendix B of the Fiscal Service cost manuals.
Count Clinic	A clinic for which workload entered is credited
CPT code	Current Procedural Terminology code
CPT Modifier	CPT modifiers provide the ability to refine CPT codes to better reflect procedures performed
DSS Unit	A DSS Unit (Decision Support System Unit) defines the lowest level segment used for tracking hospital resources. These units can be a small work unit within a service or a large division within a service. Management at each facility is responsible for tailoring the DSS Units to fit its resource/cost reporting.
DSS Unit Number	This code is used for additional identification of DSS Units
Event Capture	Software designed to provide management tools necessary in tracking procedures not entered in other VistA packages

Event Code Screen	Event code screens are unique combinations of location, DSS Unit, category, and procedure that define patient procedures
ICD-9	International Classification of Diseases (of the World Health Organization) codes
Intermediate Product (IP)	A resource utilization entity in DSS designated by Feeder Location/Feeder Key combination for a labor and/or supply resource used for patient care. Examples: CBC, chest x-ray, EEG, EKG, Nurse hour, MD bed day.
Location	Initializing your site as a location, the Event Capture software will recognize your facility as a valid location to enter Event Capture data
MAS	Medical Administration Service which is now Patient Information Management System (PIMS)
MST	Military Sexual Trauma - veterans who have been victims of physical assault or battery of a sexual nature, or sexual harassment while serving on active duty
MST Status	A status assigned to a patient that indicates his/her report of MST
Non-count Clinic	A clinic for which there is no workload credited
NPCD	National Patient Care Database residing at the Austin Information Technology Center (AITC)
Ordering Section	The medical section actually ordering the patient's procedure
Parent Service	The controlling service for a DSS Unit
PCE	Patient Care Encounter

PIMS	Patient Information Management System, formerly Medical Administration Service (MAS)
Procedure	A specific function performed on, or service provided to, a patient. Multiple procedures can be associated with a single category.
Procedure Reason	A method of generically grouping patient procedures
Provider	The actual provider of care performing the procedure. This provider can be a doctor, nurse, technician, or any designated team of medical professionals.
Quasar	A VistA package historically used to capture Speech and Audiology data. ECQ is the DSS extract program used to read that data and send it to DSS. The same format as for the ECS extract for DSS is used. A&SP Office and DSS recommend that Speech and Audiology use Event Capture instead of Quasar to initially capture their data because ECS allows for Division and can send data to PCE, whereas Quasar does not have these capabilities at this time. ECS also gives much more specific A&SP products (ICD10 A&SP product entities).

RVU	Relative Value Unit - RVUs are used only in DSS in the VHA and reflect the relative value between products in a DSS Dept. (i.e., in a production unit). They are used to distribute labor minutes or supply/equipment dollars between products in a production unit. RVUs in DSS can be assigned for Variable Labor Categories for Technicians, RNs, and MDs, as well as for supplies. Three elements interrelate in DSS to give a final cost assigned when a product is used: 1) the product definition 2) the RVUs for the single product 3) the volume of the product NOTE: RVUs are NOT to be confused with Weighted Work Units (WWUs). WWUs are used by the VA in RPM/VERA or AMIS, and are dollar factors used to multiply workload by.
Volume	Volume is associated with the number of procedures performed. This field can also be used to track time actually spent performing the procedures.
VistA	Veterans Health Information Systems and Technology Architecture